

Asia-US Partnership 2006

Early Child Development in Primary Care

January 11-13, 2006
Honolulu, Hawai`i



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Asia-US Partnership Early Child Development in Primary Care Letter from the Chair

For decades, many of us in the United States have worked toward developing an integrated, comprehensive systems of care that promote optimal child development physically, mentally, and socially in children's early years and beyond. An **Asia US Think Tank** was initiated in 2003, convening a group of leaders from Asia and the US to take this commitment to an international level. Two meetings under Asia-US Partnership: Early Child Development in Primary Care subsequently have taken place, and plans are moving forward for a fourth in 2007.

This series of conferences has centered on the science of early child development and translating that research into action. Structured to examine and promote the inter- and intra-professional imperatives implicit within these new systems of care the conferences have focused on health, family support, early education and care, and community mobilization in support of young children. The conference topics and panel sessions stimulated participants to share innovations in their own work related to early childhood and reflect on new opportunities for impacting early childhood systems.

The main purpose of the Asia-US Partnership is to cultivate ongoing, active international networks of inter-professional early childhood leaders to: 1) build networks of early childhood development professionals within their own countries including senior pediatric health professionals, recruiting and mentoring junior colleagues, and reaching out to family support and early education and care professionals; 2) promote concepts of early childhood development within the pediatric and policymaking communities in each country; and, 3) focus on research, training, service, and advocacy by expanding and evaluating programs intended to strengthen early childhood development outcomes for children and families in all participating countries.

Recognizing the importance of early childhood development is a growing global phenomenon. This is the challenge of our work-- to learn from each other as we apply our creativity and leadership to effectively meet the comprehensive needs of children, youth, and families around the globe.

Aloha,

Calvin C. J. Sia, MD, FAAP

Presented by:

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With Generous Support from:

Johnson & Johnson Pediatric Institute, LLC; World Bank; Consuelo Foundation of Hawai'i and Philippines; US Maternal and Child Health Bureau, Division of Children with Special Health Care Needs; American Academy of Pediatrics

Asia-US Partnership Early Child Development in Primary Care Emergent Issues in a Global Context

Quality health care for children has shifted dramatically in the past few decades. Medical models and deficit-based approaches embodied in the “old morbidity” of pediatric health practice focus primarily on disease and crisis care for infants and young children. This approach shifted significantly with the “new morbidity” that addresses developmental disabilities, school and learning problems, child abuse and neglect, and accidents, which require an interdisciplinary team approach with child and family. As we enter the “millennial morbidity” obesity, behavioral and mental health problems in young children, the social stress on the child and family are in the forefront- 21st century quality primary care will focus on prevention, wellness, early identification of developmental problems, and intervention programs. This calls for advocating for an advanced system of care for children and promoting the medical home model that provides accessible, family-centered, comprehensive, continuous, and coordinated care that is culturally-effective and compassionate.

As this new model of care has emerged, groundbreaking research within the field of neuro-science has demonstrated that positive health outcomes for children depend on a *combination* of biological *and* environmental factors. The first years of a child’s life are critical to developing healthy brain circuitry that, in turn, becomes foundational for all subsequent brain development. The goal is to support positive early childhood development for all children by implementing periodic developmental screening and surveillance, working closely with parents and guardians of young children, and mobilizing community-based partnerships to provide coordinated services that introduce effective interventions for the child and family as early as possible.

Challenges remain: *universality*—ensuring services for all children; *equity*—achieving equal access to services among children; and, *sustainability*—creating and devoting resources to ensure continuity of services for all children and communities nationally.

Rich cross-cultural understanding of the diversity of early childhood development systems among nations and cultures that have very different profiles of pediatric services can “broaden the view” of possibilities in their approach to often similar child health issues. Such international dialogue has proven to be most beneficial in shaping dynamic learning and creative problem solving among the many child health leaders that benefit all young children, their families, and the communities in which they live for years to come.

Why Invest in Young Children?

- *Ensuring quality childcare, health, and education programs generates support that can strengthen families*
- *Providing accessible integrated programs for young children can contribute to achieving greater social equity for families and communities*
- *Increasing children’s ability and desire to engage in learning can contribute to achieving optimal emotional, social, and physical health in subsequent years*
- *Achieving effective integrated programs related to early childhood development can enhance results of broader programs serving young children, adolescents, and young adults*

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CHINA/Beijing

Basic research in pediatric neurology has investigated connections between spinal bifida and folic acid; Beijing has applied this research and implemented services of regional multidisciplinary teams that: 1) develop public health strategies for prevention and increased awareness of early child development, and 2) develop community alternatives to institutional care for children with spinal bifida and their families by working with the Office of Special Education to provide comprehensive primary care through multidisciplinary teams for children with special health care needs at the community level.

Dr. WU

UNITED STATES

Research on early childhood development has revealed that healthy outcomes are promoted by relationships with adults that are nurturing, reciprocal, dependable, and stable. Parent mental health problems such as maternal depression, substance abuse, and family violence in addition to environmental toxins, specific infections, poor nutrition and chronic stress impose particularly heavy developmental burdens on healthy brain development in young children. Implementing carefully planned and well-implemented interventions as early as possible can increase the odds of more favorable outcomes for vulnerable young children.

Dr. SHONKOFF

CHINA/Shanghai

Pervasive challenges exist, especially in provinces outside urban centers that have few trained physicians, in identifying and providing services to children with developmental delays. Research in one province has focused on engaging families as partners in identifying children by creating a culturally-effective questionnaire, implementing the questionnaire at the community level to elicit families to identify children with developmental delays, and then following-up with service delivery by stimulating community resources to assist families in adjusting and adapting to their children's identified delays.

Dr. SHEN

Basic clinical research represents our societies' curiosity and commitment to strive for clearer knowledge of "how things work" for young children and their families. Research focused on supportive and detrimental biological factors and environmental influences remains key to increasing understanding of early childhood development in particular country and cultural contexts. Significant research activities also contribute to identifying evidence-based outcomes by evaluating community-based services and programs aimed at enhancing positive early childhood development by: 1) identifying and confirming gaps in services leading to creating program activities designed to address those needs, and 2) assessing services to ensure an ongoing process of self-reflection and monitoring to ensure meeting client and community need. Additionally, research fills an important policy need in determining whether evaluated early childhood programs are effective and worthy of sustained funding. All early childhood programs require constant review and monitoring.

RESEARCH

THAILAND

Mahidol University established an Institute for Child and Family Development as a national state-of-the-art training center for pediatricians. The Institute sponsors a Fellowship Training Program in Developmental Pediatrics and has initiated a program of Board Certification in Developmental Pediatrics, implemented training opportunities in community settings, and has provided institutional leadership for issues related to early childhood development training, services, and advocacy. Additionally, the Institute provides international leadership and resources in child and family development for the Asian region.

Dr. KOTCHABAHTI

PHILIPPINES

A national demonstration project of the government implemented in 12 communities since 2000 has focused on early childhood care and development by creating parent-run centers for young children 0-6 years old. Since 2004, the Philippine Pediatrics Society (PPS) and the Council for the Welfare of Children have collaborated with local government and health offices to implement parent training in basic concepts of early child development and to initiate parent-run home-based Parent-Child programs that provide basic holistic needs of young children growing up in disadvantaged families and communities.

Drs. PAJE-VILLAR & REYES

UNITED STATES

The American Academy of Pediatrics has partnered with local AAP chapters and Shriners Hospitals to implement a national training program on the concept and practice of the Medical Home. Training participants included families, physicians, and other health, early education and social service professionals. At the same time, AAP continues to publish a comprehensive website of resources related to the Medical Home for self, group, and institutional training to promote enhanced primary care for all children, especially those with special health care needs.

Drs. SIA & TONNIGES



Implementing effective training programs in early childhood development is essential to creating up-and-coming cohorts of families and professionals who can work together to break down persistent service silos between pediatricians, families, and early childhood and family support professionals and who understand the significance of implementing integrated, family-centered, community-based services for young children. Goals for pediatric training programs must encompass not only quality primary medical care for young children, but also preventative care that includes well child care and EPSDT, family centered child developmental screening, social and emotional health evaluation, environmental assessment, as well as knowledge of, referral to and followup for community resources. Family and professional training curricula need to identify strategies working within inter-professional teams and include practice-based activities for engaging with other early childhood partners on the local, state, and national levels.



Implementing integrated services in the 21st century for young children and their families requires advancing new systems of care. To ensure positive child development throughout the early years to achieve optimal potential physically, mentally, socially, pediatricians partner with families- who represent a child's first caregiver and teacher- as early as possible in a child's life, developing trust and effective communications beginning in prenatal care. The pediatrician can reframe periodicity schedules in well-child care visits by incorporating: 1) continuous screening for developmental milestones, 2) knowledge of community resources to ensure appropriate referral, early interventions, and follow-up services; 3) family-centered parent education and support; and, 4) psycho-social screening of families for risks such as environmental stresses including maternal depression, substance abuse, and domestic violence, as well as biological risks such as toxic exposure and severe infections. Challenges remain in creating effective interdisciplinary teams that provide individualized coordinated and comprehensive services at the community level from early childhood through transitions into adulthood.

SINGAPORE

Concern about child survival and the relatively few children with severe physical and mental disabilities remain high, yet national policies have shifted in the past decade to create comprehensive systems of care for increasing numbers of children with developmental and behavioral disorders of low to moderate severity. The government has involved pediatricians as part of community-based, interprofessional teams to coordinate and supervise early childhood assessments in ways that promote early identification of social, behavioral, and developmental issues as well as family involvement in implementing individualized services for each identified child.

Dr. HO

UNITED STATES

The American Academy of Pediatrics recognizes that the 800,000 children in foster care in the US represent an important national priority in improving the lives of young children and youth. Permanency planning and access to coordinated care through a Medical Home, including medical, dental, mental health, and developmental services, are critical to a good outcome. The AAP provides leadership and support for the Healthy Foster Care America coalition, a dedicated team of leaders who include parents, professionals, and policy experts who work together to raise awareness, influence local and national policy, enhance knowledge, and develop critical skills and tools designed to improve the health and well-being of children in foster care and their families.

Dr. JOHNSON

CHINA/Hong Kong SAR

Children are increasingly surviving catastrophic medical events, and those who are medically fragile have often been confined to institutional care as wards of the state. Pediatric leaders are implementing rehabilitation and permanency planning to support independent living of severely disabled young children through an initiative that emphasizes: strong mentoring practices in professional development, inter-professional partnerships at the community level, extensive policy and community involvement of pediatric professionals to develop comprehensive systems of care designed to meet the "whole needs" of young children who are medically fragile in communities where they live.

Dr. YU

ADVOCACY

Whether advocacy occurs at the level of a committed individual service provider concentrating on direct care such as well child care, family support and care coordination, or at an organizational level to provide a catalyst for rethinking program planning and policy development related to young children, advocacy represents a critical part of implementing and sustaining integrated systems that provide quality services for young children and their families. Effective advocacy agendas related to early childhood encompass local, county, state and national level involvement in increasing public awareness and policy development to reinforce integrated services of health, education, and family support through expanded public-private partnerships. Rich cross-cultural understanding of the diversity of early childhood development systems among nations and cultures that have very different profiles of pediatric services can “broaden the view” of possibilities and inform practice within all countries to mobilize resources and create sustainable systems of care for young children.



PHILIPPINES

The Philippine Pediatric Society provides national leadership in promoting the concept of the Medical Home. To do this, PPS has implemented national pediatric trainings on the Medical Home and has worked closely with hospital administrators to ensure that Medical Home implementation is part of the accreditation standards for all hospitals throughout the country. Promoting the creation of community pediatrics training programs for pediatric residents means placing greater emphasis on early childhood development and a broad range of environmental factors in communities where children live rather than concentrating on relatively rare pediatric cases in tertiary care facilities.

Drs. PAJE-VILLAR & REYES

SINGAPORE

Government leaders project an emerging problem related to Singapore’s aging population. Public campaigns encourage marriage at an earlier age, and having increased numbers of children. Recognizing the importance of community-based family support and integrated services in a child’s early years, advocacy issues center on expanded social assistance, e.g., maternity benefits and childcare leave, increased infant-care subsidy, grandparent care relief, aid to low-income families for kindergarten subsidies, parent education within preschools and child care centers, and building capacity for providing early identification services for children with special health care needs.

Dr. HO

CHINA/Shanghai

Research on prenatal exposure to lead found that high levels of lead-based fuel emissions in the environment contributed to substantial incidence of mental retardation in children. Based on this research, pediatric leaders lobbied the government and worked with corporations in the oil industry to replace leaded car fuel with unleaded fuel. Subsequent research determined a dramatic drop in lead poisoning of pregnant women and infants. Advocacy efforts related to lead-based fuel in Shanghai have sparked the adoption of similar policies in other provinces in China.

Dr. SHEN



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